06-18-01

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Assistant Commissioner for Patents Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No.

CULLN18.1CP1C1

Applicant(s)

Manners, et al.

For

ANTI-MICROBIAL PROTEIN

Attorney

Daniel E. Altman

"Express Mail"

Mailing Label No.

EL561649795US

Date of Deposit

June 15, 2001

I hereby certify that the accompanying

Transmittal; Specification in 32 pages; 10 sheets of drawings; Copy of SIGNED Declaration by Inventor in 4 pages; Return Prepaid Postcard; copy of Request

for extension of time in parent application; diskette; check \$710 are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the

Assistant Commissioner for Patents, Washington, D.C. 20231.

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PATENT
Attorney Docket No. CULLN18.1CP1C1

Date: June 15, 2001





ASSISTANT COMMISSIONER FOR PATENTS

WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): John M. Manners, John P. Marcus, Kenneth C. Goulter, Jodie L. Green and Stuart J. Harrison

For: ANTI-MICROBIAL PROTEIN

Enclosed are:

- (X) 10 sheet(s) of drawings.
- (X) This application is a continuation of prior application 09/364,395, filed July 30, 1999. The entire disclosure of this prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
- (X) Copy of signed declaration by inventors from parent application.
- (X) Sequence Listing in six pages and computer-readable form thereof on a single diskette. In accordance with 37 C.F.R. 1.821(f), I hereby certify that the data on the enclosed diskette is identical to the paper copy of the Sequence Listing.
- (X) A copy of the Request for Extension of Time in the parent case.
- (X) Return prepaid postcard.

CLAIMS AS FILED

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee			\$710	\$710
Total Claims	15 - 20 =	0 ×	\$18	\$0
Independent Claims	2 - 3 =	0 ×	\$80	\$0
If application contains any multiple dependent claims(s), then add \$270			\$270	\$0
		F	ILING FEE	\$710

(X) A check in the amount of \$710 is enclosed.

(X) Please use Customer No. 20,995 for the correspondence address.

Daniel E. Altman

Registration No. 34,115

Attorney of Record